5

Attn: Dan

Information Services Division

**DATA ENTRY OUTPUT**
**RECORD DATA SHEET**
**ISD 91 (07-89)**


**D/NAME:** SB100005.REC
**DATE ISSUED:** 02/12/98

**RECORD NAME:** UB - 7060 (A) | **FILE ID:** DE.SB100005

**RECORD LENGTH:** 240 Job #2111, 2112, 2113 | X **FIXED** **VARIABLE**

**ISSUED BY:** Terri Neuhardt | Copy Member SB102040

| ITEM NO. | FIELD DESCRIPTION | CONSTANT | DEC PLC | FLD. SIZE | OUT Pos. | SIGN | A | N | LJ RJ | SF ZF |
|---|---|---|---|---|---|---|---|---|---|---|
| | Condition Code 1 | | | 2 | 134 | | A | N | RJ | ZF |
| | Condition Code 2 | | | 2 | 136 | | A | N | RJ | ZF |
| | Condition Code 3 | | | 2 | 138 | | A | N | RJ | ZF |
| | Condition Code 4 | | | 2 | 140 | | A | N | RJ | ZF |
| | Condition Code 5 | | | 2 | 142 | | A | N | RJ | ZF |
| | Condition Code 6 | | | 2 | 144 | | A | N | RJ | ZF |
| | Condition Code 7 | | | 2 | 146 | | A | N | RJ | ZF |
| | Prior Payment A | | 2 | 9 | 148 | S | | N | RJ | ZF |
| | Prior Payment B | | 2 | 9 | 157 | S | | N | RJ | ZF |
| | Prior Payment C | | 2 | 9 | 166 | S | | N | RJ | ZF |
| | Due from Patient | | 2 | 9 | 175 | S | | N | RJ | ZF |
| | Estimate Amount Due | | 2 | 9 | 184 | S | | N | RJ | ZF |
| | **Filler** | **Spaces** | | **48** | **193** | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | *Logic for this field (See Attached) | | | | | | | | | |

A=ALPHA, N=NUM, LJ=LEFT JUST, RJ=RIGHT JUST, SF=SPACE FILL, ZF=ZERO FILL

4

Attn: Dan

Information Services Division

**DATA ENTRY OUTPUT**
**RECORD DATA SHEET**
**ISD 91 (07-89)**


**D/NAME:** SB100005.REC
**DATE ISSUED:** 02/12/98

| **RECORD NAME:** UB - 7060 (A) | **FILE ID:** DE.SB100005 |
|---|---|

| **RECORD LENGTH: 240 Job #2111, 2112, 2113** | X **FIXED** | **VARIABLE** |
|---|---|---|

| **ISSUED BY:** Terri Neuhardt | Copy Member SB102040 |
|---|---|

| ITEM NO. | FIELD DESCRIPTION | CONSTANT | DEC PLC | FLD. SIZE | OUT Pos. | SIGN | A | N | LJ RJ | SF ZF |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Claim Type | U/Q/R | | 1 | 1 | | | | | |
| | Filler | 1 | | 1 | 2 | | | | | |
| | Filler | Spaces | | 8 | 3 | | | | | |
| | ICN Number | | | 10 | 11 | | | N | RJ | ZF |
| | ICN Count | | | 3 | 21 | | | N | RJ | ZF |
| | Provider Name | | | 2 | 24 | | A | | LJ | SF |
| | Patient Control Number | | | 17 | 26 | | A | N | LJ | SF |
| | Type of Billing | | | 3 | 43 | | | N | RJ | ZF |
| | Medicaid Number Provider | | | 9 | 46 | | | N | RJ | ZF |
| | Patient Last Name | | | 2 | 55 | | A | | LJ | SF |
| | Patient First Name | | | 1 | 57 | | A | | LJ | SF |
| | **Admission Date** | **Format: MMDDCCYY** | | **8** | **58** | | | **N** | **RJ** | **ZF** |
| | Admission Hour | | | 2 | 66 | | | N | RJ | ZF |
| | Type of Admission | | | 1 | 68 | | | N | LJ | SF |
| | Source of Admission | | | 1 | 69 | | | N | LJ | SF |
| | Discharge Status | | | 2 | 70 | | | N | RJ | ZF |
| | **Statement FROM Date** | **Format: MMDDCCYY** | | **8** | **72** | | | **N** | **RJ** | **ZF** |
| | **Statement THRU Date** | **Format: MMDDCCYY** | | **8** | **80** | | | **N** | **RJ** | **ZF** |
| | Covered Days | | | 3 | 88 | | | N | RJ | ZF |
| | Non-Covered Days | | | 3 | 91 | | | N | RJ | ZF |
| | Occurrence Code 1 | | | 2 | 94 | | | N | RJ | SF |
| | **Occurrence Date 1** | **Format: MMDDCCYY** | | **8** | **96** | | | **N** | **RJ** | **ZF** |
| | Occurrence Code 2 | | | 2 | 104 | | | N | RJ | SF |
| | **Occurrence Date 2** | **Format: MMDDCCYY** | | **8** | **106** | | | **N** | **RJ** | **ZF** |
| | Occurrence Code 3 | | | 2 | 114 | | | N | RJ | SF |
| | **Occurrence Date 3** | **Format: MMDDCCYY** | | **8** | **116** | | | **N** | **RJ** | **ZF** |
| | Occurrence Code 4 | | | 2 | 124 | | | N | RJ | SF |
| | **Occurrence Date 4** | **Format: MMDDCCYY** | | **8** | **126** | | | **N** | **RJ** | **ZF** |

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Attn: Dan

Information Services Division

**DATA ENTRY OUTPUT**
**RECORD DATA SHEET**
**ISD 91 (07-89)**


**D/NAME:** SB100005.REC
**DATE ISSUED:** 02/12/98

**RECORD NAME:** UB - 7060 (B) | **FILE ID:** DE.SB100005

**RECORD LENGTH:** 240 Job #2111, 2112, 2113 | X **FIXED** **VARIABLE**

**ISSUED BY:** Terri Neuhardt | Copy member SB102040

| ITEM NO. | FIELD DESCRIPTION | CONSTANT | DEC PLC | FLD. SIZE | OUT Pos. | SIGN | A | N | LJ RJ | SF ZF |
|---|---|---|---|---|---|---|---|---|---|---|
| | Treatment Authorization | | | 18 | 181 | | A | N | LJ | SF |
| | Attending Physician | | | 9 | 199 | | A | N | RJ | ZF |
| | Other Physician | | | 9 | 208 | | A | N | RJ | ZF |
| | Other Physician B | | | 6 | 217 | | A | N | RJ | ZF |
| | Provider Signature | | | 1 | 223 | | | N | LJ | SF |
| | Approved By | | | 1 | 224 | | A | | LJ | SF |
| | Adm. Diagnosis Code | | | 5 | 225 | | A | N | LJ | SF |
| | Remarks | | | 10 | 230 | | A | N | LJ | SF |
| | **Filler** | **Space** | | **1** | **240** | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | *Logic for this field (See Attached) | | | | | | | | | |

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Attn: Dan

Information Services Division

**DATA ENTRY OUTPUT**
**RECORD DATA SHEET**
**ISD 91 (07-89)**


**D/NAME:** SB100005.REC
**DATE ISSUED:** 02/12/98

**RECORD NAME:** UB - 7060 (B) | **FILE ID:** DE.SB100005

**RECORD LENGTH:** 240 Job #2111, 2112, 2113 | X **FIXED** **VARIABLE**

**ISSUED BY:** Terri Neuhardt | Copy member SB102040

| ITEM NO. | FIELD DESCRIPTION | CONSTANT | DEC PLC | FLD. SIZE | OUT Pos. | SIGN | A | N | LJ RJ | SF ZF |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Claim Type | U/Q/R | | 1 | 1 | | | | | |
| | Filler | 2 | | 1 | 2 | | | | | |
| | Filler | Spaces | | 8 | 3 | | | | | |
| | ICN Number | | | 10 | 11 | | | N | RJ | ZF |
| | ICN Count | | | 3 | 21 | | | N | RJ | ZF |
| | SSN | | | 9 | 24 | | A | N | RJ | ZF |
| | Filler | Spaces | | 3 | 33 | | | | | |
| | Ins. Group Number | | | 17 | 36 | | A | N | LJ | SF |
| | Principle Diag. Code | | | 5 | 53 | | A | N | LJ | SF |
| | Diagnosis Code 2 | | | 5 | 58 | | A | N | LJ | SF |
| | Diagnosis Code 3 | | | 5 | 63 | | A | N | LJ | SF |
| | Diagnosis Code 4 | | | 5 | 68 | | A | N | LJ | SF |
| | Diagnosis Code 5 | | | 5 | 73 | | A | N | LJ | SF |
| | Diagnosis Code 6 | | | 5 | 78 | | A | N | LJ | SF |
| | Diagnosis Code 7 | | | 5 | 83 | | A | N | LJ | SF |
| | Diagnosis Code 8 | | | 5 | 88 | | A | N | LJ | SF |
| | Diagnosis Code 9 | | | 5 | 93 | | A | N | LJ | SF |
| | Diagnosis Code 10 | | | 5 | 98 | | A | N | LJ | SF |
| | Principle Procedure | | | 5 | 103 | | A | N | LJ | SF |
| | **Principle Proc. Date** | **Format: MMDDCCYY** | | **8** | **108** | | | **N** | **LJ** | **ZF** |
| | Prin. Procedure 2 | | | 5 | 116 | | A | N | LJ | SF |
| | **Prin. Procedure Date 2** | **Format: MMDDCCYY** | | **8** | **121** | | | **N** | **LJ** | **ZF** |
| | Prin. Procedure 3 | | | 5 | 129 | | A | N | LJ | SF |
| | **Prin. Procedure Date 3** | **Format: MMDDCCYY** | | **8** | **134** | | | **N** | **LJ** | **ZF** |
| | Prin. Procedure 4 | | | 5 | 142 | | A | N | LJ | SF |
| | **Prin. Procedure Date 4** | **Format: MMDDCCYY** | | **8** | **147** | | | **N** | **LJ** | **ZF** |
| | Prin. Procedure 5 | | | 5 | 155 | | A | N | LJ | SF |
| | **Prin. Procedure Date 5** | **Format: MMDDCCYY** | | **8** | **160** | | | **N** | **LJ** | **ZF** |
| | Prin. Procedure 6 | | | 5 | 168 | | A | N | LJ | SF |
| | **Prin. Procedure Date 6** | **Format: MMDDCCYY** | | **8** | **173** | | | **N** | **LJ** | **ZF** |

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Information Services Division

**DATA ENTRY OUTPUT**
**RECORD DATA SHEET**
**ISD 91 (07-89)**


**D/NAME:** SB100005.REC
**DATE ISSUED:** 02/12/98

**RECORD NAME:** UB - 7060 (C) | **FILE ID:** DE.SB100005

**RECORD LENGTH:** 240 Job #2111, 2112, 2113 | X FIXED VARIABLE

**ISSUED BY:** Terri Neuhardt | Copy member SB102040

| ITEM NO. | FIELD DESCRIPTION | CONSTANT | DEC PLC | FLD. SIZE | OUT Pos. | SIGN | A | N | LJ RJ | SF ZF |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Claim Type | U/Q/R | | 1 | 1 | | | | | |
| | Filler | 3 | | 1 | 2 | | | | | |
| | Filler | Spaces | | 8 | 3 | | | | | |
| | ICN Number | | | 10 | 11 | | | N | RJ | ZF |
| | ICN Count | | | 3 | 21 | | | N | RJ | ZF |
| | Rate/CPT4 code | | 2 | 7 | 24 | S | | N | LJ | SF |
| | **Date of Service** | **Format: MMDDCCYY** | | **8** | **31** | | | **N** | **RJ** | **ZF** |
| | Revenue Code | | | 3 | 39 | | A | | LJ | SF |
| | Units | | | 3 | 42 | | A | | LJ | SF |
| | Charges | | 2 | 9 | 45 | S | | N | RJ | ZF |
| | Non-Covered Charges | | 2 | 9 | 54 | S | | N | RJ | ZF |
| | **Filler** | **Spaces** | | **178** | **63** | | | | | |
| | *Logic for this field (see attached) | | | | | | | | | |

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